

NOTICE OF EPI ASSESSMENT

MAD000842427

EPA ID _____ Name Exxon Co., USA, Everett Terminal GIS Number _____

This file has been reviewed by CDM Federal Programs Corporation under EPA Contract No. 68-W9-0002, Work Assignment No. R01029. The purpose of this review was to gather information pertaining to the Region I Environmental Priorities Initiative (EPI) and specifically, the GIS-based RCRA Ranking Model and RCRA Facility Data System for the Integrated Environmental Management (IEM) effort.

The following documents have been reviewed:

	DATE	COMMENT
_____ RCRA Facility Assessment	_____	_____
_____ Superfund Preliminary Assessment	_____	_____
_____ Site Inspection	_____	_____
_____ Other Site Inspection	_____	_____
_____ Groundwater Assessment Rpts	_____	_____
_____ 3007 "SWMU" Letter Response	_____	_____
_____ Part A Form	_____	_____
_____ Part B Form	_____	_____
✓ _____ Notification Form	<u>8-12-80</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information regarding this facility is being used in the IEM database. For additional information regarding the GIS Model or the Facility Data System and the status of data available regarding this facility, please contact:

Charles Franks
U.S. EPA Region I
JFK Federal Building, HER-CAN3
Boston, MA 02203

File Reviewed By John F. Callan

Date 10-21-92

HAZARDOUS WASTE HANDLER DATABASE MODIFICATION FORM

This form is to be used when there are minor changes to be made to an original application. It is not to be used for any change of the facility's physical location as this requires a new application. The intake person must sign the form and verify that the requested changes are accurate. Please print legibly.

Date Entered:

EOEA 3/23/90

EPA / /

5/7/90 St

Intake Person

S. Wald

Company Name
(before change)

Exxon Co USA Everett Terminal

EPA ID NUMBER

M A D 0 0 0 8 4 2 4 2 7

M A D

M A D

M A D

Change

☐

Company Name

Exxon

☐

Mailing Address

☒

Facility Address

52 Beacham St

(not a location change)

☒

Contact Name

Mark J. Dimitri

☒

Telephone Number

617 381 2801

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000115

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

FMAD00084242721 A 800818

Aug 18 12 36 AM '80

I. NAME OF INSTALLATION

EXXON COMPANY, USA - EVERETT TERMINAL

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3151 BOW STREET

CITY OR TOWN

ST.

ZIP CODE

4 EVERETT

MA 02149

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5151 BOW STREET

CITY OR TOWN

ST.

ZIP CODE

6 EVERETT

MA 02149

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 NORMAN, WILLIAM TERM. MGR.

617-389-2705

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 EXXON CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

S W MAD00084242721

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

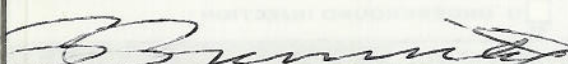
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE:  NAME & OFFICIAL TITLE (type or print): P. Remick, Jr., Operations Manager DATE SIGNED: 8/12/80